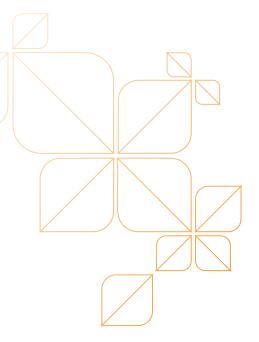
Monage Provide the state

## SUCCESSFUL QI CHANGE, DNIPROPETROVSK REGION





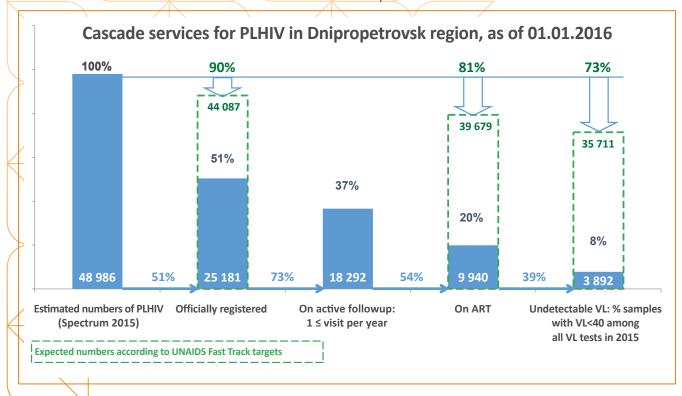
**Change:** Linking PLHIV with AIDS service before they are discharged from TB and narcology hospitals

Gap:

Linkage to Care

### Problem Statement & Improvement Objectives

According to official estimates, 49,000 people live with HIV in Dnipropetrovsk region, of whom 25,200 (51%) have been registered with AIDS services as of January 01, 2016. With support from RESPOND, 37 service delivery teams (including ART sites, specialists, PHC providers and NGOs) started a Quality Improvement (QI) effort to achieve a 60% registration (linkage and enrollment) rate by March 2017.





# System issues and changes tested

One of the reasons for the gap in linkage and enrollment identified by the regional QI team is loss to follow-up of PLHIV identified in TB, narcological and other hospitals after discharge from the facility. This loss happens due to the absence of a unified PLHIV registry between these facilities and the AIDS service, the lack of collaboration of the facilities with the AIDS service, and patient confidentiality requirements when transfer of patient information between medical facilities is not possible without patient informed consent.

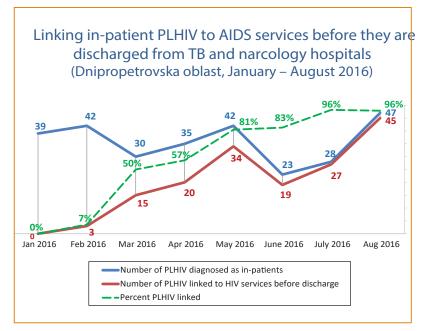
To address this issue, QI teams identified specific changes to test within the region, and the following steps were taken: (1) Requesting newly identified in-patient PLHIV to sign informed consent form allowing transfer of their personal data to the AIDS service during their treatment in TB and narcology hospitals; (2) Completing the paperwork by inpatient facilities required for linking inpatient PLHIV to treatment and care at the AIDS service ; (3) Ensuring the inpatient facilities hand over the completed registration forms to the AIDS service closest to the patient's residence before s/he is discharged from the hospital; and (4) Introducing the position of the HIV specialist (infectionist) within TB and narcology hospitals.

#### Scale of the improvement effort

Seven ART sites in DP region were involved in the implementation of this change. They include regional and city TB and narcology hospitals in Dnipro, Kryvyi Rih, Nikopol and Pavlograd cities.

# Improvement measures, results and interpretation

Results of the change were tracked monthly. The proportion of in-patient PLHIV who were linked to AIDS services before discharge from the seven participating TB and narcology facilities over eight months of 2016 improved from zero to 96% (see chart below).



### Learning & Next Steps

The implemented change contributes to closing the PLHIV linkage gap in Dnipropetrovsk region by linking in-patient PLHIV to the AIDS service at the place of residence before discharge from TB or narcology hospitals. If PLHIV do not access the AIDS service upon discharge from the hospital, the local ART site is enabled to track them using the contact information from the registration paperwork, which has been provided by the hospital. If PLHIV start ART during hospitalization, the local ART site can plan the required ARV supply in advance. As a next step, the regional QI team plans to implement this change in Dnipropetrovsk regional general hospital.

This change, however, had only a limited impact on the regional level linkage to care data (see chart below). The total number of PLHIV linked to HIV services in 2016 in DP remains around the 2015 median. This limitation is explained



by the fact that in January-August 2016, there was a shortage of lab supplies for confirmatory ELISA tests. This shortage impeded linkage of PLHIV to care and treatment in most settings as they were unable to enroll in care without the confirmatory ELISA test. Dnipropetrovsk regional partners expect a significant increase in the number of PLHIV diagnosed and linked to care in Q1 of FY17, as the lab supplies for confirmatory ELISA tests became available in September 2016.

